Visit Diagnosis Changes

Added 844.1B by BLEY MD, LOUIS (14066), Wed Feb 6, 2008 1:41 PM
Added 836.0 by BLEY MD, LOUIS (14066), Wed Feb 6, 2008 1:41 PM
Added 727.51 by BLEY MD, LOUIS (14066), Wed Feb 6, 2008 1:41 PM
844.1B marked as Primary Diagnosis by BLEY MD, LOUIS (14066), Wed Feb 6, 2008 1:41 PM
Added 733.92 by BLEY MD, LOUIS (14066), Wed Feb 6, 2008 1:41 PM

James L Rollins Encounter #: **110156336** Description: **51 year old male**
2/6/2008 11:32 AM Orders Only Provider: **Eric N. Diamond, MD**
MRN: 955973 Department: **Post Office Square Internal Medicine**

EpicCare Patient

Diagnoses

ARTHRALGIA - KNEE [719.46H] -
Primary

Orders

ORTHOPEDICS HVMA LOCAL [R1118] Order #: 128058263

Closed By

User	Date
JENNIFER GIGLIELLO [6279]	Feb 06, 2008

Visit Diagnosis Changes

Added 719.46 by GIGLIELLO, JENNIFER (6279), Wed Feb 6, 2008 11:37 AM
719.46 marked as Primary Diagnosis by GIGLIELLO, JENNIFER (6279), Wed Feb 6, 2008 11:37 AM

James L Rollins Encounter #: ***109292708*** Description: **51 year old male**
1/31/2008 1:30 PM Office Visit Provider: **Alice M. Sheridan, MD**
MRN: 955973 Department: **Cambridge Nephrology**

EpicCare Patient

Diagnoses

KIDNEY DISEASE - CHRONIC STAGE III (MODERATE) [585.3Q] - *Primary*

Vitals - Last Recorded

BP	Pulse	Wt
120/70	60	258 lb (117.028 kg)

Progress Notes

SYSTEM Signed
This is a 51 year old man who was referred by Dr. Diamond for the evaluation of elevated creatinine.Review of HVMA chart shows creay 1.47 in 11/07; 1.4 in 2003; 1.4 in 1995. Urinalysis have shown no blood or protein. CT in 2005 kidneys unremarkable. No ultrasound.

PMH MI, diabetes X 2 years, htn, hypercholesteroleia

MEDS: Simvastatin
Lisinopril 10 mg
NKDA
FH one cousin with ESRD. Etiology unknown Mom and Dad diabetes, htn

SH -smoking, -etoh
Ros
No recent chest pain, dyspnea,pnd orthopne
No cough, bronchitis or pneumonia
No naus, vomiting, diarrhea
Const
No change in urine
+ joint pain r knee (s/p trauma)

Other ROS negative

PE
120/70
Anicteric
No oral lesions
Chest clear
JVP not elevated
Lungs clear
Cor reg no s3, no rub
Abd soft, n/t no masses app
Ext right leg in immobilizer, no edema
Neuro grossly nonfocal

IMP: CKD class 3. Etiology is not known but he clearly has been stable for many years. I will check urinalysis to assess for hem and protein. I will also check ultrasound, though no gross deformity seen on CT. I will check for sequelae of CKD and I will see him in followup. He is already on ACEI and BP is well controlled.

Follow-up and Disposition

Return in about 4 weeks (around 2/28/2008).

Routing History Recorded

Referring Provider

Eric Diamond, MD.

Orders

HEMOGRAM (CBC) W AUTO DIFF RFLX MAN DIFF [85025A] Order #: 127901290
IRON BINDING PROFILE [83550A] Order #: 127901291
FERRITIN [82728] Order #: 127901292
UREA NITROGEN BLOOD (BUN) [84520] Order #: 127901293
CALCIUM [82310A] Order #: 127901294
CREATININE [82565] Order #: 127901295
ELECTROLYTES [80051] Order #: 127901296
URIC ACID SERUM [84550] Order #: 127901297
ALBUMIN [82040B] Order #: 127901298
PHOSPHORUS [84100A] Order #: 127901299
VITAMIN D 25-HYDROXY LC/MS/MS [82306A] Order #: 127901300
PARATHYROID HORMONE [83970] Order #: 127901301
LIPID PROFILE [80061C] Order #: 127901302
URINALYSIS RFLX MICRO NO CULT [81003C] Order #: 127901303
MICROALBUMIN RANDOM URINE [82043] Order #: 127901304
PROTEIN/CREAT RATIO RANDOM URINE [LA0220] Order #: 127901305
HEPATITIS SCREEN (A, B, C AB; HBSAG) [80074] Order #: 127901306
EGFR [CAL001] Order #: 127918624
RETROPERITONEUM US - COMP [76770] Order #: 127901383

Results are available for this encounter

Lab and Imaging Orders

	Ordered on
HEMOGRAM (CBC) W AUTO DIFF RFLX MAN DIFF - Lab and Imaging Orders	1/31/08
IRON BINDING PROFILE - Lab and Imaging Orders	1/31/08
FERRITIN - Lab and Imaging Orders	1/31/08
UREA NITROGEN BLOOD (BUN) - Lab and Imaging Orders	1/31/08
CALCIUM - Lab and Imaging Orders	1/31/08
CREATININE - Lab and Imaging Orders	1/31/08
ELECTROLYTES - Lab and Imaging Orders	1/31/08
URIC ACID SERUM - Lab and Imaging Orders	1/31/08
ALBUMIN - Lab and Imaging Orders	1/31/08
PHOSPHORUS - Lab and Imaging Orders	1/31/08
VITAMIN D 25-HYDROXY LC/MS/MS - Lab and Imaging Orders	1/31/08
PARATHYROID HORMONE - Lab and Imaging Orders	1/31/08
LIPID PROFILE - Lab and Imaging Orders	1/31/08
URINALYSIS RFLX MICRO NO CULT - Lab and Imaging Orders	1/31/08
MICROALBUMIN RANDOM URINE - Lab and Imaging Orders	1/31/08
PROTEIN/CREAT RATIO RANDOM URINE - Lab and Imaging Orders	1/31/08
HEPATITIS SCREEN (A, B, C AB; HBSAG) - Lab and Imaging Orders	1/31/08
EGFR - Lab and Imaging Orders	1/31/08
RETROPERITONEUM US - COMP - Lab and Imaging Orders	1/31/08

Level Of Service

NEW PAT. L4, OFFICE VISIT [99204]

Chart Reviewed By

Eric N. Diamond, MD. on Fri Feb 1, 2008 7:37 AM
Eric N. Diamond, MD. on Fri Feb 1, 2008 7:37 AM

Closed By

User	Date
ALICE SHERIDAN MD [14123]	Jan 31, 2008

Visit Diagnosis Changes

585.3 marked as Primary Diagnosis by SHERIDAN MD, ALICE (14123), Thu Jan 31, 2008 1:46 PM
Added 585.3 by SHERIDAN MD, ALICE (14123), Thu Jan 31, 2008 1:46 PM

James L Rollins Encounter #: **109992187** Description: **51 year old male**
1/30/2008 7:40 PM Urgent Care Provider: **David M. Meenan, DO**
MRN: 955973 Department: **Kenmore Urgent Care, Day, Adult**

EpicCare Patient

Diagnoses

GASTROINTESTINAL BLEEDING - LOWER [578.9A] - Primary
SPRAIN - KNEE [844.9A]
SPRAIN - NECK [847.0N]
SPRAIN - LUMBAR [847.2G]

Reason for Visit

BLOOD IN STOOL/RECTAL BLEEDING

Vitals - Last Recorded

Temp (Src)	Resp	SpO2
98.1 °F (36.7 °C) (Oral)	16	95%

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
120/80	57	Supine	Right Arm	Large	06:38 PM	1/30/2008
130/80	81	Standing	Right Arm	Large	06:39 PM	1/30/2008

Transcription

Type	ID	Date and Time	Author
Visit Note	77974998-1	1/30/2008 8:26 PM	MEENAN, DAVID DO

Authenticated by MEENAN, DAVID DO Doctor of Osteopathy on 1/31/2008 at 10:49 AM
This document replaces document 77974998

Document Text

Transcribed text moved to progress notes.

Document history for transcription (77974998-1) on 1/30/2008 8:26 PM by MEENAN, DAVID DO

Progress Notes

SYSTEM Signed
Addended by: LOBO, ANA on: 2/1/2008 2:46:19 PM

Modules accepted: Orders

Please see dictation 1692755

Current medications, allergies and problem list reviewed.

Dictated on 1/30/2008 , 8:26 PM
Author: MEENAN, DAVID DO
Authenticated by MEENAN, DAVID DO Doctor of Osteopathy on 1/31/2008 at 10:49 AM
Transcription text:
Mr. Rollins presents with 3 separate complaints and requesting out of work letter. He states he needs out of work letter even though he has not worked for year and a half because he takes it to the VA to get some financial compensation. His 3 complaints are neck and back pain after a motor vehicle accident which occurred on 12/20/07, right knee pain after a slip and fall at Circuit City establishment on 1/28/08, and bright red blood per rectum today. The motor vehicle accident, he was rear-ended while sitting at a stop sign. He was seat belted driver and a car hit him from behind He developed neck and back pain and he is requesting referral for physical therapy and treatment of this. His right knee pain, he had a slip and fall at Circuit City on 1/28/08. Was transferred and treated and released from Boston Medical Center emergency room where they put him on ibuprofen and tramadol which he filled today. He was placed in an Ace wrap to the knee and then a long knee splint. He states that he likes knee splint as he thinks it makes him feel better, but he still has a tremendous amount of pain and swelling in his knee. He states that the clinician who saw him at Boston Medical Center told him he needs to have an MRI of the knee for further evaluation and

treatment. The bright red blood per rectum occurred during a bowel movement today. He has not had that this issue in the past. He states it was bright red during his bowel movements and afterwards and this caused great concern. He had no pain during the movement and states he was not pushing hard. He does say he has had some perianal itching recently He has no history of hemorrhoids. He has no other complaints and no abdominal pain.

On physical exam, he is in moderate distress secondary to his multiple illnesses. His cervical spine has very limited range of motion as he would not flex, extend, side bend, or rotate for fear of pain in the neck. His thoracic spine has limited range of motion, again secondary to neck pain. His lumbar spine, he will only flex to 20-30 degrees and stop due to pain in the low lumbar region and he could side bend minimally. His knee is tender to palpation on the right. There is a mild amount of edema. There is no ecchymosis. Negative anterior and posterior drawer. There is no fullness in the posterior fossa. He has pain on full weightbearing of the knee. A rectal exam was performed. He has got guaiac negative brown stool in the vault, no hemorrhoids were palpated.

DIAGNOSIS: Cervical sprain, lumbar sprain, knee sprain and lower GI bleed.

TREATMENT: He is to use ibuprofen and Ultram as written for him by Boston Medical Center. He will be referred to orthopedics for further evaluation of his knee, back, and neck and refer to physical therapy for the same. He will also be referred to Gastroenterology for evaluation of his lower GI bleeding, which appears to have stopped. He will return back here in 2 weeks' time for reevaluation. He will continue using his knee splints for his knee. If any other symptoms occur prior to his appointment time, he was welcome to come back here. Otherwise, follow up with the consult as suggested.
HF: 3408
D: Wed Jan 30 20:26:08 2008 1692755
T: Wed Jan 30 20:51:18 2008 7974998

Routing History Recorded

Orders

FECAL BLOOD(OFFICE TEST) [82272] Order #: 127943228
GASTROENTEROLOGY HVMA LOCAL [R1106] Order #: 127877706
ORTHOPEDICS HVMA LOCAL [R1118] Order #: 127877707
PHYSICAL THERAPY HVMA LOCAL [R1120] Order #: 127877708

Results are available for this encounter

Lab and Imaging Orders

	Ordered on
FECAL BLOOD(OFFICE TEST) - Lab and Imaging Orders	2/1/08

Level Of Service

EST. PAT. L4, OFFICE VISIT [99214]

Letters

MEENAN MD, DAVID on 1/30/2008 Sent

Classic SmartForms

Classic SmartForms Filed During this Visit
EXTENDED VITALS

Chart Reviewed By

Eric N. Diamond, MD. on Wed Jan 30, 2008 9:54 PM

Closed By

User	Date
TRANSCRIPTION INTERFACE [16810]	Jan 30, 2008

Visit Diagnosis Changes

Added 844.9A by MEENAN MD, DAVID (13320), Wed Jan 30, 2008 7:30 PM
Added 847.0 by MEENAN MD, DAVID (13320), Wed Jan 30, 2008 7:30 PM
Added 847.2 by MEENAN MD, DAVID (13320), Wed Jan 30, 2008 7:30 PM
Added 578.9A by MEENAN MD, DAVID (13320), Wed Jan 30, 2008 7:31 PM
578.9A marked as Primary Diagnosis by MEENAN MD, DAVID (13320), Wed Jan 30, 2008 8:26 PM

James L Rollins

Encounter #: **109991955**

Description: **51 year old male**

1/30/2008 5:50 PM Orders Only

Provider: **Unknown Unkn Unknown**

MRN: 955973

Department:

EpicCare Patient

Ordered Medications

	Disp	Refills	Start	End
IBUPROFEN TABLET 600MG PO	30	0	1/30/2008	5/1/2008
Sig: TAKE 1 TABLET EVERY SIX HOURS FOR 3 DAYS , then AS NEEDED EVERY SIX HOURS for *pain, with food, no alcohol*				
TRAMADOL HCL TABLET 50MG PO	10	0	1/30/2008	5/1/2008
Sig: TAKE 1 TABLET EVERY FOUR HOURS AS NEEDED for severe pain. take with food, no alcohol. no driving.				

Closed By

User	Date
RX SCRIPTS IN INTERFACE [16809]	Jan 30, 2008

James L Rollins

Encounter #: **109303296**

Description: **51 year old male**

1/4/2008 10:16 AM Telephone

Provider: **Kenmore Center**

MRN: 955973

Department: **Kenmore Nephrology**

EpicCare Patient

Call Documentation

SYSTEM Signed
>> ROXANN BARRETT Fri Jan 4, 2008 10:16 AM
Spoke to pt and gave info below

>> ROXANN BARRETT Fri Jan 4, 2008 10:16 AM
Staff Message copied by BARRETT, ROXANN on Fri Jan 4, 2008 10:16 AM

Message from: DIAMOND MD, ERIC N.
Created: Thu Jan 3, 2008 5:08 PM
Contact: 617-999-0463

It's fine. Thanks.

----- Message -----
From: Roxann Barrett
Sent: Jan 3, 2008 4:53 PM
To: Eric N. Diamond, MD.

Hi Dr.Diamond,
Pt has an appt on 1/31/08 with Dr.Sheridan for Nephrology is this ok? Pt was under the imprssion you wanted him to be seen sooner.
Please let me know and I will call the pt.
thanks

Closed By

User	Date
ROXANN BARRETT [11482]	Jan 04, 2008

James L Rollins Encounter #: **109293180** Description: **51 year old male**
1/3/2008 5:13 PM Telephone Provider: **Eric N. Diamond, MD**
MRN: 955973 Department: **Post Office Square Internal Medicine**

EpicCare Patient

Diagnoses

HEALTH EDUCATION / COUNSELING, UNSPEC [V65.40T] - Primary

Call Documentation

SYSTEM Signed
>> ERIC N. DIAMOND, MD. Thu Jan 3, 2008 5:14 PM
LM on pt's personal voice mail on cell phone stating appt end of January is fine and safe.

>> ERIC N. DIAMOND, MD. Thu Jan 3, 2008 5:13 PM
Staff Message copied by DIAMOND MD, ERIC N. on Thu Jan 3, 2008 5:13 PM

Message from: LANEAU, LEANN
Created: Thu Jan 3, 2008 4:55 PM
Regarding: pt call back
Contact: 617-999-0463

Hi Dr. Diamond,
This patient is was quite upset today, trying to book a nephrology appt. (My office just happens to be across from their appt desk) He Couldn't get an appt until 1/31 , was mentioning something about to the MA from Med Specs "what happens between now and then , I have this letter that says I have a serious problem" . He asked me to explain what was wrong with him. The number above is his cell, I told him I'd let you know that he was concerned about your letter. I asked him the best number to reach him and advised him to answer the call because from your letter we've tried to call him three times already to discuss the results.

Sorry for the long message,

Leann Laneau
Cardiology Supervisor

MASS GENERAL HOSPITAL

MASSACHUSETTS GENERAL HOSPITAL

ROLLINS, JAMES L
MRN: 194 82 78 SEX: M
R LEG PAIN
DOB: 8/12/1956
ACCT: 941019440
DT: 02/01/2008
ED-MIMP

☐ MGH Staff

ED TRIAGE / SCREENING RECORD

Date: 2/1/8 Time: 2050

Language ☑ English ☐ Other	Treatment Area ☐ RDU ☐ APS ☐ MAMP ☒ MIMP ☐ Pedi ☐ Trauma ☐ Screening	Service ☑ EM ☐ APS ☐ Pedi	First Name James
Chief Complaint (R) leg pain			Date of Birth 8/12/56 Age:
Ambulance Company:	Accompanied by:		PCP/Referring MD:
Greeter Signature: [signature]	ESI: 1 2 3 (4) 5		Tetanus Status ____ LMP ____ Weight ____
Triage / Prehospital Notes ☐ Per C-Med Notification ☐ See Trauma Sheet			Allergies: NKDA

TIME:		PMH
		HTN

☐ EKG Reviewed by:	Do you experience pain or discomfort? ☑ Yes ☐ No If yes, how much pain? (no pain) 1 2 3 4 5 6 7 8 9 (10) (severe pain)
Screening Done: ☐ ETOH/Substance Abuse ☐ D/V ☐ Child A/N ☐ Elder A/N	Pathway Initiated: ☐ PNA ☐ ETOH W/D ☐ STEMI ☐ Acute Stroke — TRIAGE RN SIGNATURE [signature] RN

Time	Initials	BP	HR / Rhythm	RR	SpO2 & FIO2	Temp	Pupils R	Pupils L	Eye Opening	Verbal Response	Motor	GCS Score
055	KL	141/81	58	20	96%	97			4	5	6	15

[redacted]

☐ This is a screening exam. The patient requires further evaluation. ☐ See comprehensive note

83501 (4/07)

Massachusetts General Hospital
Emergency Department Record

Pat: ROLLINS, JAMES L **MRN: 1948278** **DOB: 08/12/1956** **51y** **Sex: M**
Registration Date/Time: 02/01/2008 09:02 PM **Provider: Leslie Milne** **** Signed****

ED Note

Chief Complaint: R knee pain

HPI: 51 yo M with h/o CAD s/p NSTEMI, DM, HTN, HLD here s/p fall 1/28 onto R knee. Seen at BMC, given knee immobilizer and told to follow up with MRI. Patient has not contacted his PCP as he has been in too much pain to set up any follow up appt. Now with worsening pain in R knee. Has been in knee immobilizer and using crutches. No new trauma. No fevers, no chills.

PMHx: HTN, HLD, CAD, DM

Meds:
Simvastatin
Lisinopril
Ultram
Ibuprofen

Social Hx:
Lives in Roxbury with wife.
Denies tob/EtoH/illicits

Physical Exam

Vitals:

T	P	BP	RR	WT	Sa02
97.9	58	141/81	20		96%RA

Musculoskeletal: R knee tender diffusely. Flexion and extension limited by pain. No tenderness over femur, ankle, tib/fib. DP/PT pulses 2+.

X-ray Interpretation:
R knee-
IMPRESSION:

1. No evidence of fracture or dislocation.
2. Probable small right knee joint effusion.
3. Moderate degenerative changes.

Impression/Plan: 51 yo M with increasing R knee pain s/p fall earlier in week

ED ATTENDING PHYSICIAN NOTE

Date/Time of Encounter: 2245

Medical Records Reviewed: yes

HPI: 51 yo male, slipped 3 days ago, twisted and fell on his right knee. Having swelling and sliding sensation within the joint. Seen at BMC and put in knee immobilizer, crutches and referred back to his pcp for an mri. He did not bring his crutches with him (they are at home)

ROS: no fever, sob, abd pain

Vitals: See Nursing Notes

PE: alert, no resp distress
right knee: + large effusion, limited rom, tender diffusely, no erythema or warmth, unable to fully access due to pain, +2 dp

Medical Decision Making
ED Course: IMP: right knee effusion, suspect possible ACL vs meniscal tear
PLAN: mri scheduled for 2/3, sports med follow-up, crutches, rom

Condition on Discharge: Stable

Massachusetts General Hospital
Emergency Department Record

Pat: ROLLINS, JAMES L **MRN: 1948278** **DOB: 08/12/1956** **51y** **Sex: M**
Registration Date/Time: 02/01/2008 09:02 PM **Provider: Leslie Milne** **** Signed****

Diagnoses: internal derangement of knee

Review Comments: I have personally seen and examined the patient and confirmed the resident's examination, reviewed and agree with the resident's documentation of history, and discussed the evaluation, plan of care and disposition of the patient with the resident.

This note has been electronically signed by Leslie Milne, MD 2/2/2008 12:32:17 AM

Clinical staff documenting in the ED note include:

Attending/Nurse Practitioner(s): Leslie Milne, MD

Other Providers: JOSHUA REMPELL, MD

MGH EMERGENCY DEPARTMENT - TRAUMA FLOW SHEET

PATIENT IDENTIFICATION AREA

Rollins
James

ROLLINS, JAMES L
MRN: 194 82 78 SEX: M DOB: 8/12/1956
R LEG PAIN ACCT: 941019440
DT: 02/01/2008
ED – MMP

TRAUMA TEAM ACTIVATION ☐ STAT ☐ Alert				
	NAME	INIT	CALLED	ARRIVED
Trauma Attending				
Tr. Chief Resident				
Tr. Nurse Coord.				
E. Med. Attending				
NEUROSURG				
ORTHO	Not called			
ANESTHESIA				
OTHER				

DATE: _____ Time of Arrival: _____

MECHANISM OF INJURY

Motor Vehicle Crash: ☐ via entry notification

☐ Driver ☐ Passenger-front ☐ Passenger-rear
☐ Belt: Lap Shoulder ☐ Air Bag ☐ Car Seat
☐ Rollover ☐ Ejected _____ ft ☐ Extric _____ mins
☐ Front impact ☐ Side impact R L ☐ Rear impact
☐ High speed (>30mph) ☐ Mod speed (10-30mph) ☐ Low speed (<10mph)
Vehicle damage: ☐ major ☐ moderate ☐ minor ☐ unknown

Motor Cycle Crash:

☐ Driver ☐ Passenger ☐ Helmet
☐ High speed (>30mph) ☐ Mod speed (10-30mph) ☐ Low speed (<10mph)
☐ unknown

Other Blunt:

☐ Pedestrian struck by _____
☐ Bicyclist struck by _____ ☐ Helmet
☐ Assault/beating ☐ Weapon _____
☐ Fall/Jump ☐ Height _____ ft ☐ Onto _____
☐ Industrial _____
☐ Other _____

Penetrating:

☐ Gunshot ☐ Handgun ☐ Rifle ☐ Caliber _____ ☐ Range _____
☐ Stab ☐ Knife ☐ Size _____ ☐ Other _____

MODE OF TRANSPORT

☐ Ground _____ ☐ Air _____ ☐ Self
☐ From scene _____
☐ From hospital _____ Referring MD _____

PREHOSPITAL TREATMENT

Airway:

☐ Nasal ☐ Oral ☐ ET tube-size _____ ☐ Cricothyrotomy

Oxygen/Ventilation:

☐ Face mask ☐ Nasal cannula ☐ Ambu bag ☐ O2sat _____ %
☐ Needle decompression R L ☐ CPR

Fluids:

☐ IV#1 site _____ gauge _____ fluid _____ infused _____ ml
☐ IV#2 site _____ gauge _____ fluid _____ infused _____ ml

Immobilization:

☐ Collar ☐ Headrolls ☐ Backboard ☐ Splint _____

Medications:

☐ Pain _____ mg, at (time) _____
☐ Sedation _____ mg, at (time) _____
☐ Paralytic _____ mg, at (time) _____
☐ Other: _____ mg, at (time) _____

Vital Signs:

BP _____ HR _____ RR _____ Temp _____
Neuro _____ GCS _____

Comments: Pt. reports falling 2 days ago + hurting @ knee – seen @ OSH + told to have MRI – presents

PAST MEDICAL HISTORY

☐ Unknown ☐ None
☐ Cardiac _____
☐ Pulm _____
☐ DM HTN ↑cholesterol

Meds: ☐ Unknown ☐ None
☐ Coumadin _____
simvastatin
Tramadol

Allergies: ☐ Unknown ☐ None

Weight: _____

PCP: _____
Tel#: _____

NOK: _____
Tel#: _____

GLASGOW COMA SCALE

Best eye-opening response	
Spontaneous	4
To voice	3
To pain	2
None	1
Swollen shut	S
Chemically paralyzed	P

Best verbal response	
Oriented	5
Confused	4
Inappropriate	3
Incomprehensible	2
None	1
Intubated	T

Best motor response	
Obeys commands	6
Localizes pain	5
Withdraws to pain	4
Flexes to pain	3
Extends to pain	2
None	1
Chemically paralyzed	P

8mm 7mm 6mm 5mm 4mm 3mm 2mm

Recorded By:
Katie McCormack

INITIAL ASSESSMENT

INIT Time:

AIRWAY: ☐ WNL ☐ OBSTRUCTED ☐ NASAL/OP AIRWAY ☐ INTUBATED ☐ CRICO

BREATHING: ☐ WNL ☐ SHALLOW ☐ LABORED ☐ NONE ☐ OTHER _____ ☐ ASSISTED METHOD _____

BREATH SOUNDS: ☐ WNL ☐ DIMINISHED R L ☐ RALES R L ☐ OTHER _____ ☐ ABSENT R L ☐ WHEEZING R L _____

CIRCULATION: ☐ WNL
SKIN: ☐ COOL ☐ DIAPHORETIC ☐ WARM ☐ CYANOTIC
PULSES: CAROTID R___ L___ FEMORAL R___ L___ BRACHIAL R___ L___ RADIAL R___ L___ DORSALS PEDIS R___ L___ POST. TIBIAL R___ L___

NEURO: ☐ ALERT ☐ RESPONDS TO VERBAL STIMULI ☐ RESPONDS TO PAIN ☐ UNRESPONSIVE

MOTOR: ☐ WNL LA RA LL RL: ☐ WEAK ☐ DECEREBRATE ☐ DECORTICATE ☐ FLACCID

HEAD: ☐ WNL
SCALP: ☐ LACERATIONS _____ ☐ CONTUSIONS _____ ☐ ABRASIONS _____
FACE: ☐ LACERATIONS _____ ☐ CONTUSIONS _____ ☐ ABRASIONS _____
EYES: ☐ LACERATIONS _____ ☐ CONTUSIONS _____ ☐ SWELLING _____
PUPILS: R____MM ☐ REACTIVE ☐ FIXED L____MM ☐ REACTIVE ☐ FIXED

NECK: ☐ WNL ☐ TENDERNESS _____ ☐ WOUNDS _____ ☐ TRACHEAL DEVIATION R L ☐ NECK VEINS DISTENDED

CHEST: ☐ WNL ☐ TENDERNESS _____ ☐ WOUNDS _____ ☐ FLAIL SEGMENT _____ ☐ CREPITUS _____

ABDOMEN: ☐ WNL ☐ TENDERNESS _____ ☐ BS _____ ☐ WOUNDS _____

PELVIS/GU: ☐ WNL ☐ UNSTABLE ☐ TENDERNESS _____ ☐ WOUNDS _____ ☐ BLOOD AT MEATUS SPHINCTER TONE: ☐ WNL ☐ ABN _____ ☐ PROSTATE _____ ☐ GUAIAC + - ☐ GROSS BLOOD

EXTREMS:
UPPER: ☐ WNL ☐ WOUNDS _____ ☐ MOTOR _____ ☐ DEFORMITIES _____ ☐ SENSORY _____
LOWER: ☐ WNL ☐ WOUNDS _____ ☐ MOTOR _____ ☐ DEFORMITIES _____ ☐ SENSORY _____

BACK/SPINE: ☐ WNL ☐ TENDERNESS _____ ☐ WOUNDS _____ ☐ DEFORMITY _____ ☐ ECCHYMOSIS: _____

INTAKE

TIME	SITE	SOLUTION & AMOUNT	AMT IN/TOTAL

INTAKE

TIME	SITE	SOLUTION & AMOUNT	AMT IN/TOTAL

OUTPUT

TIME	FOLEY	VOID	NG	CT	OTHER:	TOTAL

INIT | Time:

INITIAL ASSESSMENT

AIRWAY: ☐ WNL ☐ OBSTRUCTED ☐ NASAL/OP AIRWAY ☐ INTUBATED ☐ CRICO

BREATHING: ☐ WNL ☐ SHALLOW ☐ LABORED ☐ NONE ☐ OTHER ______ ☐ ASSISTED METHOD ______

BREATH SOUNDS: ☐ WNL ☐ DIMINISHED R L ☐ RALES R L ☐ OTHER ______
☐ ABSENT R L ☐ WHEEZING R L

CIRCULATION: ☐ WNL
SKIN: ☐ COOL ☐ DIAPHORETIC ☐ WARM ☐ CYANOTIC
PULSES: CAROTID R___ L___ FEMORAL R___ L___ BRACHIAL R___ L___ RADIAL R___ L___ DORSALS PEDIS R___ L___ POST. TIBIAL R___ L___

NEURO: ☐ ALERT ☐ RESPONDS TO VERBAL STIMULI ☐ RESPONDS TO PAIN ☐ UNRESPONSIVE

MOTOR: ☐ WNL LA RA LL RL: ☐ WEAK ☐ DECEREBRATE ☐ DECORTICATE ☐ FLACCID

HEAD: ☐ WNL
SCALP: ☐ LACERATIONS ______ ☐ CONTUSIONS ______ ☐ ABRASIONS ______
FACE: ☐ LACERATIONS ______ ☐ CONTUSIONS ______ ☐ ABRASIONS ______
EYES: ☐ LACERATIONS ______ ☐ CONTUSIONS ______ ☐ SWELLING ______
PUPILS: R____MM ☐ REACTIVE ☐ FIXED L____MM ☐ REACTIVE ☐ FIXED

NECK: ☐ WNL ☐ TENDERNESS ______ ☐ WOUNDS ______
☐ TRACHEAL DEVIATION R L ☐ NECK VEINS DISTENDED

CHEST: ☐ WNL ☐ TENDERNESS ______ ☐ WOUNDS ______
☐ FLAIL SEGMENT ______ ☐ CREPITUS ______

ABDOMEN: ☐ WNL ☐ TENDERNESS ______ ☐ BS ______
☐ WOUNDS ______

PELVIS/GU: ☐ WNL ☐ UNSTABLE ☐ TENDERNESS ______
☐ WOUNDS ______
☐ BLOOD AT MEATUS SPHINCTER TONE: ☐ WNL ☐ ABN ______
☐ PROSTATE ______ ☐ GUAIAC + - ☐ GROSS BLOOD

EXTREMS: UPPER: ☐ WNL ☐ WOUNDS ______ ☐ MOTOR ______
☐ DEFORMITIES ______ ☐ SENSORY ______
LOWER: ☐ WNL ☐ WOUNDS ______ ☐ MOTOR ______
☐ DEFORMITIES ______ ☐ SENSORY ______

BACK/SPINE: ☐ WNL ☐ TENDERNESS ______ ☐ WOUNDS ______
☐ DEFORMITY ______ ☐ ECCHYMOSIS: ______

INTAKE

TIME	SITE	SOLUTION & AMOUNT	AMT IN/TOTAL

INTAKE

TIME	SITE	SOLUTION & AMOUNT	AMT IN/TOTAL

OUTPUT

TIME	FOLEY	VOID	NG	CT	OTHER:	TOTAL

* ☐ PAIN: ☐ Adult (0-10 scale) ☐ Pediatric (Faces or Simple Descriptive Scale) ☐ Pediatric SIMPLE DESCRIPTIVE SCALE (8- adult)

☐ Pediatric FACES RATING SCALE (3-7 years)

0 1 2 3 4 5

Pain 0 | Mild 1 | Moderate 2 | Quite a lot 3 | Very bad 4 | Worst pain 5

Time	Initials	BP	HR	RR	O2 SAT	Temp	PUPILS R	PUPILS L	Eye Opening	Verbal Response	Motor	TGCS	PAIN ASSESSMENT & REASSESSMENT	CONTINUOUS IV INFUSIONS drops/dose	TIME	PATIENT RESPONSE / EVALUATION
															2215	Pt returned
																from x-ray
															2230	Pt medicated
																for pain
															2345	knee immobilizer
																placed [illegible]
																[illegible]
																DV? Y ______ N ______
																IF YES, REFERRALS
																MADE:

*Continuation Sheet Used ☐ Yes ☐ No

PROCEDURES:	TIME:	PROCEDURES:	TIME:
☐ Endotracheal Intubation Size# ______		☐ ICP Bolt ☐ Ventriculostomy Site ______	
☐ Cricothyrotomy Tube Size# ______		☐ Abdominal Ultrasound + -	
☐ Chest Tube R Size ______ Fr.		☐ Foley Size ______ Hem + -	
L Size ______ Fr.		☐ DPL ☐ + ☐ - ☐ Indeterminate	
☐ ED Thoracotomy Aorta clamped: ______		☐ ______	
☐ G Tube: NG OG Size ______ Fr		☐ ______	
☐ Fem Line R L Gauge ______ Site ______		☐ ______	
☐ Central Line: Gauge ______ Site ______		☐ ______	
☐ Art Line R L Gauge ______ Site ______		☐ ______	

INITIALS	SIGNATURE AND TITLE	INITIALS	SIGNATURE AND TITLE
		[signature]	

DISPOSITION: ☐ ADMITTED TO ______ TIME: ______ VIA: ☐ STRETCHER ☐ W/C ☑ AMBULATORY
☐ DISCHARGED ☐ TRANSFERRED TO ______ ☐ ACCOMPANIED BY: ☐ HOUSE OFFICER ☐ RN ☐ TRANSPORT
☐ HEP LOCK DC'D ☐ REPORT CALLED BY ______ ☐ FAMILY ☐ SELF ☐ ______

CONDITION ON TRANSFER: Stable DISCHARGE RN SIGNATURE: [signature]

82994 (7/07)

MASSACHUSETTS GENERAL HOSPITAL

MRN: 1948278

ED MEDICATION ADMINIST

ROLLINS, JAMES
DOB: 08/12/1956
Age: 51y
Sex: M

DATE: _____ **PG.**

NN

Withheld Codes		Injection Site	
N: Nausea	V: Vomiting	B: Right Deltoid	C: L
R: Refused	NPO	D: Right Gluteal	E: L
T: Off Unit		R: Right Thigh	G: Le
H: Hold (state reason)		A: Abdomen	

PR
SL

Place Allergy Labels Here

ROLLINS, JAMES MRN: 1948278

Allergies (as of 02/01/2008 09:42PM):
NKA – No Known Allergies

NN

Time	Medication (Drug, Dose, Route, Schedule)	Medication Administration Record

ROLLINS, JAMES MRN: 1948278
OXYCODONE 5 MG/ACETAMINOPHEN 325 MG (PERCOCET 5 MG/325 MG)
1 – 2 TAB PO x1 PRN: < R >
Start: ASAP (02/01/2008)
Order #: 57256377
Ordered at 2/1/2008 9:30:26 PM

NN

Time 2025 Init PD
Dose 2 PO Site
Time Init
Dose Site
Time Init
Dose Site

MD Signature / Pgr # (For Downtime Use Only):

MD Signature / Pgr # (For Downtime Use Only):

MASSACHUSETTS GENERAL HOSPITAL

ROLLINS, JAMES L
MRN: 194 82 78 SEX: M DOB: 8/12/1956
R LEG PAIN ACCT: 941019440
DT: 02/01/2008
ED – MIMP

TREATMENT RECORD

Start and D/C Dates	NAME of TREATMENT and FREQUENCY	SHIFT/ HOUR DUE	Date	Date	Date	Date	Date	Date	Date
Start:	ROLLINS, JAMES MRN: 1948278 Life – sustaining Treatment: Full Code (discussion with patient/surrogate not appropriate or possible at this time) Start: Now (02/01/2008) Order #: 57256381 Ordered at 2/1/2008 9:30:26 PM								
D/C									
Sta									
D/C				NN					
Start:									
D/C:									
Start:									
D/C:									
Start:									
D/C:									
Start:									
D/C:									

Reason Treatment Held	Nurses' Initials and Signature			
	Signature	Initials	Signature	Initials
R = Patient Refused				
* - See Medical Record				

MASSACHUSETTS GENERAL HOSPITAL

Rollins
ACCT 941019440
James
MIMP

HOME MEDICATION RECORD

DATE: 2/1/08 Page 1 of ___

ALLERGIES:

Penicillin

Source of Information	Medication, Supplement, Herbal, Vitamin	Dose	Route	1 X D N Frequency	Initials*	Time
☐ Patient ☐ Family ☐ Combined Medication List	Simvastatin					
☐ Patient ☐ Family ☐ Combined Medication List	Lisinipril					
☐ Patient ☐ Family ☐ Combined Medication List	Tramadol					
☐ Patient ☐ Family ☐ Combined Medication List	Ibuproton					
☐ Patient ☐ Family ☐ Combined Medication List						
☐ Patient ☐ Family ☐ Combined Medication List						
☐ Patient ☐ Family ☐ Combined Medication List						
☐ Patient ☐ Family ☐ Combined Medication List						
☐ Patient ☐ Family ☐ Combined Medication List						
☐ Patient ☐ Family ☐ Combined Medication List						
☐ Patient ☐ Family ☐ Combined Medication List						
☐ Patient ☐ Family ☐ Combined Medication List						
☐ Patient ☐ Family ☐ Combined Medication List						

New Discharge Medications

Medication	Dosage	Frequency

☐ Please continue all your regular medications as shown above in the Home Medication Record

Discharge Clinician Signature _____ Patient Signature _____

Initials	Signature / Title	Initials	Signature / Title	Initials	Signature / Title

Pat: ROLLINS, JAMES L **MRN: 1948278** **DOB: 08/12/1956** **51y** **Sex: M**
Registration Date/Time: 02/01/2008 09:02 PM **Provider: JOSHUA REMPELL**

Discharge Order:	Discharge this patient from the ED.
PCP notified by MD:	No - Other explanation
Benefits Assigned:	Y
Discharge Note Date/Time:	02/01/2008 23:11
Discharge Status:	Discharged
Condition on Discharge:	Stable
Patient States Complaint:	R LEG PAIN
Diagnosis:	R knee pain
Standardized Discharge Instructions:	The patient was given printed instructions for crutches (English). The patient was given printed instructions for non-steroidal anti-inflammatory drugs (English). The patient was given printed instructions for narcotic analgesia (English). The patient was given printed instructions for sprains, fractures and bruises (English).
Treatment Rendered:	History and physical exam. x-ray which was negative for a fracture or dislocation. Pain medication. Scheduled MRI.
Discharge Medications:	Tylenol 650 mg every 6 hours for pain control. Oxycodone 5-10 mg every 4-6 hours for breakthrough pain.
Disposition, Follow up & Instruction to Patient:	You should follow up with the Orthopedic sports clinic. Call 617-726-7797 to schedule the first avalaible appointment. You likely have a tear of one of your ligaments in your knee. Continue to use the knee immobilizer and crutches and do not bear weight on your leg until your appointment. You have an MRI scheduled 2/3/08 at 7 AM. Directions are provided. If you have worsening pain or other concerns return to the ER. Please call your primary care physician during normal business hours to report this visit.

I hereby acknowledge receipt of patient instructions. I understand that further diagnosis and treatment may be required and I have had emergency treatment only and I may be released before all medical problems are known and treated. I will arrange for any follow-up care as instructed.

Patient Signature: James Rollins **Date:** 2/1/08

Provider Signature: **Date:**

This report was created by JOSHUA REMPELL, MD

For additional information regarding this visit please call 617-724-4100.

PCP Name: DIXON, RONALD PCP #: 027584 PCP Phone: 617-726-4900 PCP Fax: 617-228-6306

Partners HealthCare System, Inc.
MASSACHUSETTS GENERAL HOSPITAL
A Teaching Affiliate of Harvard Medical School
55 Fruit Street, Boston, Massachusetts 02114

RADIOLOGY (cont) from 01/28/2008 through 03/05/2008

ROLLINS, JAMES L
MRN: 1948278 Sex: M DOB: 8/12/1956 Age: 51y

TECHNIQUE:
Magnetic resonance imaging of the RIGHT KNEE was performed WITHOUT injected contrast.

COMPARISON: Correlation with radiographs of the knee dated 2/1/08.

FINDINGS:

Joint effusion: There is a moderate joint effusion with synovitis.

Menisci: There is a free margin tear of the posterior horn of the medial meniscus, close to the root attachment site, with a horizontal component extending into the body. The lateral meniscus is unremarkable.

Tendons and Ligaments: The fibers of the medial collateral ligament are disrupted, with thickening and increased signal, consistent with a full thickness tear at the femoral attachment site. The lateral collateral ligament appears normal. The ACL and the PCL are intact. The extensor mechanism is also intact. There are enthesopathic changes of the attachment of the infrapatellar tendon to the tibial tubercle.

Articular Cartilage: There is thinning of the articular cartilage of the medial tibiofemoral compartment, with small flap formation along the weight-bearing surface of the medial femoral condyle. There is fissuring of the articular cartilage in the patellofemoral compartment, over the medial patella. There is also thinning and fissuring of the medial and lateral trochlear cartilage.

Bone: There is no evidence of fracture.

Soft tissues: There is increased signal in the posterior and medial soft tissues consistent with edema. This is likely secondary to rupture of a small Baker cyst, seen posteriorly.

IMPRESSION:
Tear of the posterior horn and body of the medial meniscus.

Full thickness tear of the medial collateral ligament.

Cartilaginous changes of the medial tibiofemoral and patellofemoral compartments.

Moderate joint effusion with synovitis.

Ruptured small Baker cyst.

In accordance with the department policy, the teaching physician, Dr. Susan Kattapuram has reviewed all images, and edited the report as required.

RADIOLOGISTS:
ROLLS, HILLARY K MD
KATTAPURAM, SUSAN V MD

SIGNATURES:
KATTAPURAM, SUSAN V MD

Partners HealthCare System, Inc.
MASSACHUSETTS GENERAL HOSPITAL
A Teaching Affiliate of Harvard Medical School
55 Fruit Street, Boston, Massachusetts 02114

RADIOLOGY (cont) from 01/28/2008 through 03/05/2008

ROLLINS, JAMES L
MRN: 1948278 Sex: M DOB: 8/12/1956 Age: 51y

Finalized on: 02/04/2008 11:37

2/1/2008 10:16:00 PM Knee 4 or More Views Accession # 11005274 Final

Exam Number: 11005274 Report Status: Final
Type: Knee 4 or More Views
Date/Time: 02/01/2008 22:16
Exam Code: XRKNE4/RIGHT
Ordering Provider: REMPELL, JOSHUA S MD

HISTORY:
51M S/P TRAUMA TO R KNEE W/ INCREASING PAIN/SWELLING, PLS ASSESS FOR FX

REPORT:
HISTORY: As described above.

COMPARISON: None.

FINDINGS:

There is no evidence of a fracture or dislocation. Although there is relative preservation of the right knee joint spaces, mild to moderate degenerative joint disease is manifest as osteophyte formation along the patellar and lateral tibial articular margins. Enthesopathic changes involve the site of patellar tendon insertion on the proximal tibia. Ill-defined increased density in the expected location of the suprapatellar fat pad likely represents a small right knee joint effusion.

IMPRESSION:

1. No evidence of fracture or dislocation.
2. Probable small right knee joint effusion.
3. Moderate degenerative changes.

RADIOLOGISTS:
CASSIE, CONRAD D M.D.

SIGNATURES:
CASSIE, CONRAD D M.D.

Finalized on: 02/01/2008 22:44

(955973)

MASSACHUSETTS GENERAL HOSPITAL
RADIOLOGICAL CONSULTATION

James L ROLLins
08/12/56
HPHC-FI
095-59-73
02/06/08
L BLEY
BOORTC 6613

NAME: ROLLINS, JAMES L MRN : M
DOB

MRI Knee - AN #11006153
3-Feb-2008 9:00 AM
Transcribed on: 4-Feb-2008
Last Edited on: 4-Feb-2008

History: S/P TRAUMA TO RT KNEE WITH PAIN, EVAL LIGAMENTAL INJ. PT STATES W/C OR MVA RELATED.

TECHNIQUE:
Magnetic resonance imaging of the RIGHT KNEE was performed WITHOUT injected contrast.

COMPARISON: Correlation with radiographs of the knee dated 2/1/08.

FINDINGS:

Joint effusion: There is a moderate joint effusion with synovitis.

Menisci: There is a free margin tear of the posterior horn of the medial meniscus, close to the root attachment site, with a horizontal component extending into the body. The lateral meniscus is unremarkable.

Tendons and Ligaments: The fibers of the medial collateral ligament are disrupted, with thickening and increased signal, consistent with a full thickness tear at the femoral attachment site. The lateral collateral ligament appears normal. The ACL and the PCL are intact. The extensor mechanism is also intact. There are enthesopathic changes of the attachment of the infrapatellar tendon to the tibial tubercle.

Articular Cartilage: There is thinning of the articular cartilage of the medial tibiofemoral compartment, with small flap formation along the weight-bearing surface of the medial femoral condyle. There is fissuring of the articular cartilage in the patellofemoral compartment, over the medial patella. There is also thinning and fissuring of the medial and lateral trochlear cartilage.

Bone: There is no evidence of fracture.

Soft tissues: There is increased signal in the posterior and medial soft tissues consistent with edema. This is likely secondary to rupture of a small Baker cyst, seen posteriorly.

02/06/2008 12:06 FAX 96178873580 Received: Feb 6 2008 11:41 MGH IMAGING CHELSEA 002

MASSACHUSETTS GENERAL HOSPITAL
RADIOLOGICAL CONSULTATION

NAME: ROLLINS, JAMES L MRN: 1948278 SEX: M
DOB: 12-Aug-1956

MRI Knee - AN #11006153
3-Feb-2008 9:00 AM
Transcribed on: 4-Feb-2008
Last Edited on: 4-Feb-2008

IMPRESSION:
Tear of the posterior horn and body of the medial meniscus.

Full thickness tear of the medial collateral ligament.

Cartilaginous changes of the medial tibiofemoral and patellofemoral compartments.

Moderate joint effusion with synovitis.

Ruptured small Baker cyst.

In accordance with the department policy, the teaching physician, Dr. Susan Kattapuram has reviewed all images, and edited the report as required.

RADIOLOGIST: ROLLS, HILLARY K, MD /signed by/ ROLLS, HILLARY K, MD
RADIOLOGIST: KATTAPURAM, SUSAN V, MD /signed by/ KATTAPURAM, SUSAN V, MD
In accordance with department policy, as teaching physician, I have reviewed all images, and edited the report as required.

Requester: REMPELL, JOSHUA S, MD Pat Loc at Time of Print: WIA1

BRIGHAM & WOMEN'S HOSPITAL

BRIGHAM AND WOMEN'S HOSPITAL
HARVARD TEACHING AFFILIATE
BOSTON, MASSACHUSETTS 02115

073-00-28-8

ROLLINS,JAMES

EMERGENCY DEPARTMENT

Note for visit on 03/16/08

NOTE:
EDVISIT^07300288^ROLLINS, JAMES^03/16/08^WITTELS, KATHLEEN
I saw this patient primarily.
HISTORY OF PRESENT ILLNESS: This is a 51-year-old male who fell a few months ago and sustained an injury to his right knee, which he believes was a right medial meniscus injury. He is about to be going to physical therapy; however, he is staying in a veteran shelter at this time and needs clearance in order to be able to sleep on the bottom bunk because he says he is unable to climb up to the top bunk. He is not taking any pain medication at this time. He does complain of some pain in his right knee. He has had no fevers or other complaints.
PAST MEDICAL HISTORY: Prior MI, hypertension, and hypercholesterolemia.
SOCIAL HISTORY: The patient denies smoking, alcohol, or IV drug use.
FAMILY HISTORY: Significant for diabetes.
REVIEW OF SYSTEMS: As per my HPI, additional systems are reviewed and are negative.
MEDICATIONS: Lipitor, he is unsure of the names of his other medications.
ALLERGIES: No known drug allergies.
PHYSICAL EXAMINATION: The patient is awake and alert, in no distress. He is afebrile with normal vital signs. Examination of the right knee reveals no bruising or abrasions. There is some mild swelling of the knee. The patient has good range of motion. Tenderness is maximal along the medial joint line.
EMERGENCY DEPARTMENT COURSE: This is a 51-year-old male who sustained an injury to his right knee. He has had no new trauma to the knee. The patient is given Tylenol and ibuprofen for pain control in the Emergency Department. He is also given a note stating that he should be sleeping at a bottom bunk until cleared by his primary care physician and orthopedist.
PRIMARY DIAGNOSIS: Right knee pain.
DISPOSITION: Discharged.
CONDITION ON DISCHARGE: Satisfactory.

WITTELS, KATHLEEN M.D.
D: 03/16/08
T: 03/16/08
Dictated By: WITTELS, KATHLEEN
eScription document:4-9229466 HFFocus
******** Not reviewed by Attending Physician ********

Note by WITTELS,KATHLEEN A.,M.D. (KW29)

BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
75 Francis Street, Boston, Massachusetts 02115

EMERGENCY DEPARTMENT NURSING RECORD

'08 MAR 16 2:11

073-00-28-8
ROLLINS, JAMES
M 08/12/56
PO BOX 1912
SOUTH ATTLEBORO, MA
DIAMOND
HVMA
PS DIVISION

Date: 3/16/08 Triage Time: 2154 CC: (R) knee pain

ESI ☐1 ☐2 ☐3 ☐4 ☒5 Current Pain: 8 CAP N/A ☒ I D Screening completed ☐ Mask applied Age: 51

Last Name: ROLLINS First Name: JAMES D.O.B. 8/12/56 LMP:

Arrived Via: ☐ Car ☐ Ambulance ☐ Other T

☐ Arrives C-spine immobilized IV TD:

Primary Language: ☒ English ☐ Spanish ☐ Other
Interpreter: ☐ Professional ☐ Family ☐ Employee

☒ Medication list initiated %SpMet CC %SpCO

	P	R	BP	SpO_2	O_2	T
PTA VS:						
Triage VS:	64	16	159/82	RC	Ø	98

PMH: ☐ Reports none
MI, (R) knee injury
HTN
↑ cholesterol

Allergies: ☒ None known

NPO ☒Y ☐N

Triage Note: A+Ox3 male c/o need for medical pass. Injury to (R) leg living shelter needs note to sleep on bottom bunk of bed Signature [illegible] RN I.D. # [illegible]

Room: 31 Time: 2230 Nursing Assessment: hx as noted above, pt states he has a meniscus tear, pt undergoing physical therapy. pt states baseline pain today to (R) knee needs a note for the shelter, no new pain 8 s/p Attending prior to this [illegible]

☐ Clothing bagged / labeled Signature [illegible] RN I.D. # [illegible]

Mental Status:
☒ Awake, alert, oriented x3
☐ Awake, oriented
☐ Responds to verbal stimuli
☐ Responds to painful stimuli
☐ Unresponsive

Behavior:
☐ Unconscious
☒ Calm, cooperative
☐ Withdrawn/depressed
☐ Anxious
☐ Irritable/defensive
☐ Hostile/aggressive
☐ Other

Pain:
☐ Denies ☐ Unable to Assess
Location (R) knee
Provoked by
☐ Sharp ☐ Dull ☐ Ache
☒ Pressure ☐ Crampy
☐ Constant ☐ Intermittent
☐ Radiates to ☐ Other
Pain Scale 0-10 8/10

Chronic Deficits:
☐ Legally Blind ☐ None
☐ Hearing Aid
☐ Amputation/paralysis
☐ AV Shunt ☐ R ☐ L
☐ Mastectomy ☐ R ☐ L
☐ Walker ☒ Cane ☐ Brace
☒ Other Cardiac/[illegible]

Living Situation:
☐ With family/friends
☐ Alone
☐ Nursing home/rehab
☒ Homeless/shelter
Current services

Nutrition:
Stated Wt 260
Recent loss or gain lbs
☐ Anorexia ☐ Nausea
☐ Deferred

Speech:
☒ Normal
☐ Slurred
☐ Aphasic

Skin:
☒ Dry & Warm ☐ Moist ☐ Cool
☐ Hot ☐ Mottled ☐ Pale

Mucous Membranes:
☐ Dry ☒ Moist

Barriers to Learning:
☒ None ☐ Age
☐ Unstable ☐ Emotional
☐ Language ☐ Cognitive
☐ Sight ☐ Hearing ☐ Speech

D.V. Screen:
Afraid ☐ Yes ☒ No
Control ☐ Yes ☒ No
Hurt ☐ Yes ☒ No
☐ Deferred

Substance Use:
☐ Frequency
Alcohol
Tobacco
Illicit drugs ☐ yes ☐ denies
Smoking cessation information
given ☐ refused ☐ N/A

Fall Risk:
☒ None identified
At risk due to:
☐ Known Hx falls
☐ Gait Disturbance
☐ ETOH/drugs
☐ Other
☐ Family present
☐ Direct observation

Neuro:
☒ N/A

Pupils	L	R	Eyes	
Size			Verbal	
Reaction			Motor	
			GCS Total	

☐ MAE
☐ + pronator drift ☐ R ☐ L
☐ + facial droop ☐ R ☐ L
Time ___ PCX glucose: ___

Respiratory:
☒ N/A
Breath Sounds:
Clear ☐ R ☐ L
Crackles ☐ R ☐ L
Wheezes ☐ R ☐ L
Diminished ☐ R ☐ L
Absent ☐ R ☐ L
☐ Cough
Peak Flow
Oxygen @ ___ L NC ☐ NRB

Cardiac:
☒ N/A ☐ On cardiac monitor
Initial Rhythm
Rate ___ ☐ Regular ☐ Irregular
Chest pain now ☐ Y ☐ N
☐ Radiating to
☐ Non-Radiating
☐ Pedal edema
☐ AICD ☐ Pacemaker

Abdomen:
☒ N/A ☐ Soft
☐ Distended ☐ Guarding ☐ Rigid
Tenderness:
☐ None ☐ Epigastric ☐ Rebound
☐ RUQ ☐ LUQ ☐ RLQ ☐ LLQ
☐ Periumbilical
Other
Bowel Sounds:
☐ Present ☐ Diminished ☐ Absent
Last BM

GU:
☒ N/A ☐ Anuric
☐ Voiding without difficulty
☐ Dysuria ☐ Hematuria
☐ Frequency ☐ Urgency
☐ Flank Pain ☐ R ☐ L
☐ Unable to void
☐ Incontinent ☐ Foley PTA
☐ Nephrostomy
☐ R ☐ L

OB/GYN:
☒ N/A
GR ___ Para ___
TAB ___ SAB ___
Vaginal Bleeding ☐ Y ☐ N
Vaginal Discharge ☐ Y ☐ N
Contraception
☐ FHT

Eyes:
Visual Acuity ☒ N/A
R
L
Both

Exudate	L	R
Redness	L	R

Referrals:
☐ ED Social Worker
☐ ED Care Facilitator
☐ Interpreter:

Precautions Initiated:
☐ Contact ☐ Contact plus ☐ Strict
☐ Droplet ☐ Airborne ☐ Enhanced
☐ Neutropenic
Pressure Rm ☐ Neg ☐ Pos

Behavioral Management:
☐ Room Secured ☐ Searched
☐ Belongings removed
☐ Observer with Patient
☐ Restraint form initiated Locker #

Assessment completed by:

Time:	Signature	R.N. ID. #
2240	[illegible]	[illegible]

0600010 (7/07)

BWH BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
75 Francis Street, Boston, Massachusetts 02115

EMERGENCY DEPARTMENT NURSING RECORD

073-00-28-8
HOLLINS, JAMES
M 08/12/55
PO BOX 1932
SOUTH ATTLEBORO, MA
DIAMOND, ER
PS DIVISION

Laboratory				Radiology	
☐ CBC c̄ diff	☐ PO4 ☐ Mg	☐ Lactate		☐ CXR	
☐ PT/PTT	TOX. ☐ Blood	☐ Type & screen		☐ US	
☐ BMP ☐ CMP	☐ Urine	☐ Type & cross_____ units		☐ CT	
☑ CK ☐ TNI	☐ AMY ☐ LIPASE			☐ MRI	
☐ D-dimer	☐ U/A/SED ☐ UHCG				
☐ BNP	☐ UC&S ☐ QHCG				

Results: uHcg / UA / CK / TNI
Critical lab test __________ Reported to MD @ __________

Blood Cultures ■ N/A — Time Drawn / Time Sent
EKG 1. ______ 2. ______

Time	Procedures	
	INTUBATION SIZE ____ LIPLINE ____ CONFIRMED ☐ ETCO2	☐ Foley # ____ ☐ Quick Cath
	VENTILATOR: MODE ____ RATE ____ TV ____ PEEP ____ FIO2 ____	☐ NG / OG ☐ Placement confirmed
	☐ BIS MONITOR ____ RASS ____	**Ortho:** ☐ Knee immobilizer
	☐ BIPAP ☐ CPAP FIO2 ____ I/E ____	☐ Cane ☐ Crutches ☐ Walker ☐ Ace Wrap
	CAPNOGRAPHY ☐ SIDE ☐ MAIN INITIAL READING ____	☐ Sling ☐ Ankle Stirrup ☐ Splint
	☐ PORT-A-CATH ACCESSED c̄ # ____ HUBER ☐ SINGLE ☐ DOUBLE ☐ PICC ACCESSED	☐ Good Return Demonstration
	☐ CENTRAL ACCESS 3LC/CORDIS SITE ____ ☐ POST CXR	☐ Blood Transfusion
	A-LINE ____ SITE ____ SIZE ☐ CSM ✓ ☐ CVP MONITORING INITIAL READING ____	Transfusion Reaction ☐ No ☐ Yes - See Note
	CHEST TUBE ☐ R ____ CC ☐ L ____ CC	☐ Procedural Sedation (see flow sheet)
	EVD ☐ R ☐ L OPENING PRESSURE ____ LEVEL @ ____ cm H2O DRAINAGE ____	

Medications

Medication	Route	Time				Medication	Route			
Ibuprofen 600mg	PO X1	2245					PO IM IV			
Tylenol 1000mg	PO X1	2245					PO IM IV			
	PO IM IV						PO IM IV			
	PO IM IV						PO IM IV			

IV Access, Infusions and Medications

IV THERAPY (1) SITE ____ SIZE ____ TIME ____ (2) SITE ____ SIZE ____ TIME ____ (3) SITE ____ SIZE ____ TIME ____

IV #	Time Started / Initials	Solution	Amount Hung	Medication & Dose	Time Completed	Total In	Blood Product #	Time	Urine

TIME	TEMP	PULSE	RESP.	B/P	Rhy	SpO2	O2	PAIN
2230		77	18	143/61		96% RA		

ASSESSMENT AND INTERVENTIONS

0025 Discharge papers given to pt and explained. Verbalizes understanding, no voiced complaints on discharge, [illegible]

Discharge:
[redacted]

INITIALS	SIGNATURE	R.N. ID. #
[illegible]	[illegible]	[illegible]

[illegible signature]

MEDICAL RECORD COPY

BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
75 Francis Street, Boston, Massachusetts 02115

DANA-FARBER CANCER INSTITUTE

CONSENT TO HOSPITAL CARE AND MEDICAL TREATMENT

I Voluntarily consent to hospital care, including physician examinations and tests such as x-rays, blood tests, and simple medical treatment by the hospital medical staff as is necessary in their judgement. No guarantees have been made to me as the result of treatments or examinations in the hospital.

I understand that if major diagnostic studies or treatment procedures such as an operation are required, I will be asked to give specific consent before they are carried out.

I authorize the Brigham and Women's Hospital to release information from my medical records necessary for the payment of bills by insurance companies, Medicare and Medicaid. I request that direct payments be made to the hospital in my behalf by insurers and agencies in the settlement of such claims.

I authorize the Brigham and Women's Hospital to release information from my Medical Record of this visit to my primary physician.

I assume all responsibility for any personal property not turned over to Brigham and Women's Hospital for safekeeping and understand that the Hospital shall not be liable for the loss or damage to any of my personal property not so deposited.

THIS FORM HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I UNDERSTAND ITS CONTENTS.

Signature: _____ Date: _____ Time: _____ A.M./P.M.

If a patient is physically or legally unable to sign, or is a minor, complete at least one of the following:

Signature of parent/guardian/custodian: _____ Relationship: _____

☐ *Patient is a minor, _____ years of age.* ☐ *Patient is legally incapable of consent.*

☐ Patient is an emancipated minor, _____years of age.

☐ Patient is too ill to sign.

☐ Telephone consent (minor's parent/guardian/custodian or administrative consent).

Details: _____

Consent by: _____

Relation to parent: _____

Witness: _____ Witness: _____

CONSENTIMIENTO PARA RECIBIR CUIDADO HOSPITALARIO Y TRATAMIENTO MEDICO.

Voluntariamente doy mi consentimiento a recibir cuidado médico del hospital. Este cuidado médico puede incluir examinaciónes médicas y también otros exámenes tales como radiografías, exámenes de sangre, y tratamiento médico sencillo administrados por empleados médicos del hospital según sea necesario de acuerdo a su opinión. Ninguna garantía ha sido hecha acerca de los resultados del tratamiento o los exámenes hechos en el hospital.

Comprendo que si hay necesidad de hacer estudios diagnósticos o tratamientos de mayor importancia como una operación, deberán pedir mi consentimiento para *que sean llevados a cabo.*

Autorizo al Hospital Brigham and Women's a hacer accesible aquella información de mi registro médico que sea necesario para el pago de las cuentas poe las compañías de seguro, Medicare y Medicaid. Pido que los aseguradores y las agencias pagan directamente de mi parte al hospital para liquidar esas cuentas.

Autorizo al Hospital Brigham and Women's a hacer accesible aquella información de mi registro medico de esta visita a mi medico de cabecera.

Asumo toda responsabilidad por cualquier propiedad personal no entregada a la segundad del Hospital Brigham and Women's y comprendo que el hospital no será *responsable en caso de pérdida o daño a mis propiedades personales no entregadas a la segundad del hospital.*

ESTE FORMULARIO HA SIDO COMPLETAMENTE EXPLICADO Y CERTIFICO QUE COMPRENDO SU CONTENIDO.

Firma: _____ Fecha: _____ Hora: _____ A.M./P.M.

Si el paciente es menor de edad, o no puede firmar debido a una condición física o legal, haga el favor de llenar por lo menos una de las siguientes:

☐ Paciente es menor de edad, _____años de edad. ☐ Paciente es legalmente incapaz de dar su consentimiento.

☐ El la paciente está demasiado enfermo (a) para firmar.

Firma del padre/guardián o persona responsable: _____ Relación: _____

☐ El paciente es un (una) menor emancipado (a) de _____años de edad.

Emancipation Criterion: (Criterio de Emancipación:) _____

Signature/Confirmation: (Firma/Confirmación:) _____

☐ Consentimiento por via telefónica (padre del menor, guardian, persona responsable o consentimiento administrativo).

Detalles: _____

Persona que brinda el consentimiento: _____

Relación o parentesco con el (la) paciente: _____

Testigo: _____ Testigo: _____

A Teaching Affiliate of Harvard Medical School
[illegible] Boston, MA 02215

Date: 1/13	Triage Time:	CC:			
ESI ☐1 ☐2 ☐3 ☐4 ☐5	Current Pain:	CAP	☐ ID Screening completed ☐ Mask applied	Age: 51	
Last Name:	First Name:			D.O.B. 5/12/56	
Arrived Via: ☐ Car ☐ Ambulance ☐ Other				LMP:	
☐ Arrives C-spine immobilized	IV			TD:	
Primary Language: ☐ English ☐ Spanish ☐ Other				PTA VS:	P / R / BP / SpO_2 / O_2 / T
Interpreter: ☐ Professional ☐ Family ☐ Employee				Triage VS:	P / R / BP / SpO_2 / O_2 / T
☐ Medication list initiated	%Sphmet	%SpCO			

ARRIVAL TIME

073-00-28-8
ROLLINS, JAMES
M 05/12/56
[illegible] MA
[illegible] MONI
[illegible] VMA
[illegible] DIVIS

PMH: ☐ Reports none

Allergies: ☐ None known

NPO ☐ Y ☐ N

Triage Note:

Signature _____ RN I.D. # _____

CC: _____ Time Seen

HPI: (location, quality, severity, duration, timing, context, modifying factors)

fell a few mos ago → R meniscal injury
going to PT
@ Veterans shelter
needs note for bottom bunk
not taking meds
↓ Fevers
c/o pain in knee,

PAST MEDICAL HISTORY ☐ None

☒ HTN ☐ Diabetes insulin / oral / diet ☐ CAD / Angina
☒ MI ☐ CHF ☐ SVT / AFib ☐ VT / VF
☐ Asthma ☐ COPD ☐ Arthritis ☐ Cancer _____
☒ Hypercholesterolemia ☐ CVA ☐ GI Bleeding
☒ Seizure ☐ PE / DVT ☐ Depression ☐ HIV / AIDS
☐ Other _____

SURGERIES / PROCEDURES ☐ None

☐ CABG _____ ☐ Pacemaker/AICD ☐ Cardiac Cath _____
☐ Cholecystectomy ☐ Appendectomy
☐ Bilat Tubal Ligation ☐ TURP ☐ Hysterectomy ☐ Other _____

SOCIAL HISTORY ☐ Reviewed and non-contributory

TOB: never / past / current Lives: w/Family
_____ pack-years Alone
ETOH: _____ drinks/day In Nursing Home
Last drink: _____ Other
IVDU: never / past / current _____
D.V. Screen: Yes / No
Occupation _____

FAMILY HISTORY ☐ Reviewed and non-contributory

☐ CAD _____
☐ Cancer _____
☒ Other DM

REVIEW OF SYSTEMS (Circle positive findings, X negative findings)

Constitutional ☐ None ☐ HPI
Fever / Chills / Weight loss

Head / Eyes ☐ None ☐ HPI
Diplopia / Photophobia

ENT / Neck ☐ None ☐ HPI
Sore Throat / Epistaxis / Tinnitus

Chest / Respiratory ☐ None ☐ HPI
Cough / SOB / Sputum

Cardiovascular ☐ None ☐ HPI
CP / SOB / Palpitations
Orthopnea / PND
Diaphoresis / Syncope

GI ☐ None ☐ HPI
Abdominal Pain / Anorexia
Nausea / Vomiting / Diarrhea
Black / Bloody Stools

GU / Pelvic ☐ None ☐ HPI
Flank Pain / Dysuria / Frequency
Vaginal Bleeding / Discharge

Musculoskeletal / Ext / Back ☐ None ☐ HPI
Neck Pain / Back Pain / Joint Pain

Heme / Lymph / Immun ☐ None ☐ HPI
Easy bruising / Edema

Skin ☐ None ☐ HPI
Rash / Pruritus

Neuro ☐ None ☐ HPI
Headache / Seizure
Sensory / Motor Loss
Difficulty Walking
Speech Problem
Confusion / Dizziness

Psych ☐ None ☐ HPI
Depression / Anxiety

Other _____

MEDICATIONS ☐ None

bm unsure of name

ALLERGIES ☒ NKDA

[redacted]

0600010 (7/07)

MEDICAL RECORD COPY

BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
75 Francis Street, Boston, Massachusetts 02115

073-00-28-8
ROLLINS, JAMES
M 08/12/56
PO BOX [illegible]
[illegible] ATTLEBORO, MA 02
DIAMOND, ER
MVMA
PS DIVISION

EMERGENCY DEPARTMENT RECORD

☐ Patient's home medications have been reconciled with newly prescribed medications

(✓ Check nl Findings, Circle Positive Findings and Explain)

PHYSICAL EXAM ☐ Awake, Alert ☐ WNWD ☐ Other _____

T	P	R	BP	SpO2

Distress ☐ None ☐ mild ☐ mod ☐ severe

HEENT
- ☐ atraumatic — scleral icterus
- ☐ ENT nl inspection — pale / injected conjunctivae
- ☐ eyes nl — pharyngeal TM erythema _____

NECK
- ☐ nl inspection — cervical adenopathy _____
- ☐ supple — carotid bruit (R / L) _____
- ☐ non-tender — tenderness _____

RESPIRATORY
- ☐ no resp. distress — respiratory distress _____
- ☐ chest non-tender — chest wall tenderness _____
- ☐ nl breath sounds — decreased air movement _____
- rales/rhonchi/wheezing _____

CVS
- ☐ regular rate, rhythm — irregularly irregular rhythm _____
- ☐ no murmur — tachycardia / bradycardia _____
- ☐ no gallop — JVD present _____
- ☐ no friction rub — murmur(s) _____
- ☐ nl jvd — gallop (S3 / S4) _____
- friction rub _____

GI/ABDOMEN
- ☐ soft, non-tender — distention _____
- ☐ no organomegaly — tenderness _____
- ☐ no masses — guarding / rebound _____
- ☐ nl bowel sounds — hepatomegaly / splenomegaly _____
- hernia / mass _____

RECTAL
- ☐ heme neg stool — melena / bloody / heme + stool
- ☐ non-tender — tenderness / mass / nodule _____
- ☐ nl tone

MALE GU
- ☐ nl inspection — urethral discharge _____
- ☐ testicles nl palp — testicular mass / tenderness _____
- scrotal swelling _____

FEMALE GU
- ☐ external exam nl — vaginal bleeding / discharge _____
- ☐ speculum exam nl — cervical motion tenderness _____
- ☐ bimanual exam nl — adnexal tenderness / mass _____
- uterine tenderness / enlargement _____

SKIN
- ☐ intact. — cyanosis / diaphoresis / pallor _____
- ☐ warm, dry — skin rash _____
- ☐ no lesions, rash — lesions / ulcers _____

BACK
- ☐ non tender — point tenderness _____
- ☐ full ROM — CVA tenderness _____

M/S EXTREMITIES
- ☐ non tender — pedal edema _____
- ☐ nl ROM — calf tenderness _____
- ☐ no C / C / E — bony point-tenderness _____
- ☐ nl strength, tone — limited ROM / ligamentous laxity / joint effusion _____
- ☐ nl pulses — decreased pulse(s) _____

NEURO/PSYCH
- ☐ oriented x 3 — lethargic / agitated / unresponsive
- ☐ mood/affect nl — disoriented to person / place / time
- ☐ CN's nml (II - XII) — depressed affect (SI / HI) _____
- ☐ no motor, sensory deficit — aphasia / dysarthria _____
- ataxia / dysmetria _____
- ☐ reflexes nl — cranial nerve palsy _____
- focal weakness / sensory deficit _____

ADDITIONAL DETAILS _____

LABS:

WBC | Hbg / Hct | PLT

Na | Cl | BUN / K | CO2 | Creat | Glu

Lipase _____
CK _____
CKMB _____
TNI _____
D-dimer _____
BNP _____
PT _____ / PTT _____
INR _____

UA
- WBC _____
- RBC _____
- Bacteria _____

HCG Pos Neg
Quant _____

ECG
- ☐ Sinus rhythm
- ☐ AF ☐ APCs ☐ VPCs
- ☐ Other Rhythm _____
- ☐ RBBB / LBBB
- ☐ ST elevation _____
- ☐ ST depression _____
- ☐ T-wave changes _____

INTERPRETATION:
- ☐ Normal
- ☐ STEMI or equivalent
- ☐ Acute ischemia
- ☐ Non-specific ST or T-wave abnormality
- ☐ Other: _____

INITIAL IMPRESSION & PLAN

_____

ED COURSE: _____

IMAGING STUDIES:

Primary Dx: knee pain **Secondary Dx:** _____

☐ **PCP Contacted: Dr.** _____ ☐ Phone ☐ Email

DISPOSITION: ☐ Admitted ☐ EDOBS ☒ Discharged ☐ Transferred ☐ Left before Completion ☐ Left AMA **CONDITION ON DISCHARGE:** ☐ Satisfactory ☐ Fair ☐ Poor

Resident/PA/NP Signature: _____ , MD PA NP (Printed): _____ ID: _____

Sign-out to _____ (Printed): _____

☐ **I confirm that I have interviewed and examined the patient, reviewed the resident's documentation on the patient's chart, and discussed the evaluation, plan of care and disposition with the patient.**

☐ **This is a shared visit with the PA. I confirm that I have interviewed and examined the patient.**

Attending Signature: _____ , MD (Printed): K WILDES ID: [illegible]

BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
75 Francis Street, Boston, Massachusetts 02115

073-00-28-8
ROLLINS, JAMES
M 08/12/56
PO BOX 3938
SOUTH ATTLEBORO, MA 02703
DIAMOND, ERIC
HYRA
PS DIVISION

ABOUT YOUR EMERGENCY DEPARTMENT VISIT:

The name of the **provider responsible for your care:** WITTELS MD/PA

Your **diagnosis** is: R knee pain

Test results:

YOU ARE BEING PROVIDED WITH AN UPDATED PATIENT HOME MEDICATION LIST. PLEASE FOLLOW ALL INSTRUCTIONS WITH REGARD TO THE MEDICATIONS YOU SHOULD BE TAKING.

You are also being provided with the following additional **printed instructions:**

CareNotes:

DrugNotes:

Other instructions: Follow up with your physical therapist as scheduled. Sleep on the bottom bunk to avoid stressing your knee. Return for any worsening symptoms

FOLLOW-UP CARE:

Call ☐ Your personal physician (Dr.)

☐ Specialty doctor/clinic: ; phone #:

☐ Our physician referral line at 1-800-294-9999

To be seen (date / time):

If you have any questions or concerns, please call (617) 732-5636 or return to the Emergency Department

Patient Signature: J Rollins Date: 3/16/08

Date 3/16/08 Time 2240 **Provider's Signature** MD/RN/PA CID E 429

(Printed) R WITTELS

BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
75 Francis Street, Boston, Massachusetts 02115

PATIENT IDENTIFICATION AREA

073-00-28-8
ROLLINS, JAMES
M 08/12/56
PO BOX 3932
SOUTH ATTLEBORO, MA 02
DIAMOND, ER
HVMA
PS DIVISION

Patient Home Medication List

Source ☑ patient ☐ family ☐ EMS ☐ med list/transfer form

Please list any allergies: e

Home Prescription Medications

Name	Dose	Frequency	Last taken: date/time	Resume at discharge
Lipitor				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

(If you need more space, please use second form.)

Home over the counter medications such as herbal, supplements, or cold medications

Name	Dose	Frequency	Last taken: date/time	Resume at discharge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Additional Discharge Medications

Please take the medications that we have checked "yes" resume at discharge. In addition to those medications, you will take the medications listed below:

Name	Dose	Frequency	Reason	Duration
Ibuprofen	600mg	every 6 hours	for pain	
Tylenol	1000mg	every 6 hours	for pain	

Date 3/16/09 Time 2240 MD Signature _____ MD CID RW29

0601189 (7/07)

EMERGENCY ROOM PHYSICIAN ORDERS

Entered by: Kathleen A. Wittels, M.D. at 03/16/2008 10:39:14PM

SPECIAL NURSING Order# 5466327
Height and Weight Order
Order # : 5466327
Start: (03/16/2008)

Deletpend by ISd at 03/18/2008 12:10:22AM

MEDICATION Order# 5466328
IBUPROFEN
600 MG PO
x1
Start: Today (03/16/2008)

Deletpend by ISd at 03/18/2008 12:10:22AM

MEDICATION Order# 5466329
ACETAMINOPHEN (TYLENOL)
1,000 MG PO
x1
Start: Today (03/16/2008)

Deletpend by ISd at 03/18/2008 12:10:22AM

Entered by: Kathleen A. Wittels, M.D. at 03/16/2008 10:40:04PM

DISCHARGE Order# 5466334
Discharge Order for 03/16/08 at 10:40 PM Discharge Order for 03/16/08 at 10:40 PM

Start: At Discharge (03/16/2008)

Deletpend by ISd at 03/18/2008 12:10:29AM

EMERGENCY ROOM PHYSICIAN ORDERS

Entered by: Kathleen A. Wittels, M.D. at 03/16/2008 10:39:14PM

SPECIAL NURSING Order# 5466327
Height and Weight Order
Order # : 5466327
Start: (03/16/2008)

Deletpend by ISd at 03/18/2008 12:10:22AM

MEDICATION Order# 5466328
IBUPROFEN
600 MG PO
x1
Start: Today (03/16/2008)

Deletpend by ISd at 03/18/2008 12:10:22AM

MEDICATION Order# 5466329
ACETAMINOPHEN (TYLENOL)
1,000 MG PO
x1
Start: Today (03/16/2008)

Deletpend by ISd at 03/18/2008 12:10:22AM

Entered by: Kathleen A. Wittels, M.D. at 03/16/2008 10:40:04PM

DISCHARGE Order# 5466334
Discharge Order for 03/16/08 at 10:40 PM Discharge Order for 03/16/08 at 10:40 PM

Start: At Discharge (03/16/2008)

Deletpend by ISd at 03/18/2008 12:10:29AM

Faulkner Hospital

FAULKNER HOSPITAL

Brigham and Women's Health Care

DATE	RM/BED	SERV AREA	MS	RELIGION
05/05/08		PREADMIT A	D	P

PATIENT

Unit# 01018512 Acct# 23511026
ROLLINS,JAMES
8 SHABAZZ WAY

BOSTON MA 02119
(617)999-0577

DOB: 08/12/56 AGE: 51 SEX: M

DIAGNOSIS
V72.83

ATTENDING MD
BLEY,LOUIS M.D.

MD PHONE
(617)629-6242

EMPLOYER
NOT EMPLOYED

NEXT OF KIN
ROLLINS,JAMES

OSTERVILLE MA
(508)428-9943
FATHER

PERSON TO NOTIFY
ROLLINS,JAMES

OSTERVILLE MA
(508)428-9943

GUARANTOR
ROLLINS,JAMES
8 SHABAZZ WAY

BOSTON MA 02119
(617)999-0577

GUARANTOR EMPLOYER
NOT EMPLOYED

INSURANCE
HARVARD PILGRIM HEALTHCA
HP113408001
ROLLINS,JAMES
SAME AS PATIENT

PCP: DIAMOND,ERIC M.D.
GRP: HVMA - POST OFFICE SQUARE

Primary Language spoken at home:

English

Last Inpatient Visit Date: 04/05/08

Receipt of Privacy Notice: SIGNED
Date of Receipt: 04/06/2008

CERDIA

Authorization for Release of Information

I understand that **Faulkner Hospital** is part of an integrated health care delivery network known as *Partners HealthCare System*. I understand that my health care information, whether stored on paper, computer, film, or other medium is available to *Partners HealthCare System* now, and in the future on a Need-To-Know basis to health workers involved in my care, teaching, institutional review board approved research, and/or internal utilization management and quality review. I understand that **Faulkner Hospital** is committed to respecting the privacy and **confidentiality** of my medical information. **Faulkner Hospital** protects my privacy and confidentiality by complying with state and federal law and by creating and putting into practice policies and procedures that allow access of my personal medical information **only** for legitimate reasons. If I have questions about the privacy of my medical information or feel I need a level of confidentiality or privacy that goes beyond the customary practice of **Faulkner Hospital** as described above, I will speak with my nurse, physician, or healthcare provider.

Initials JM Date

Authorization for Release of Information to my Insurance Company

I hereby authorize the **Faulkner Hospital** to release information from my medical records to my Insurance carrier, _____, in order to process my hospitalization claim.

I expressly authorize **Faulkner Hospital** to release any and all information necessary to complete my hospitalization claim, including but not limited to sensitive information such as, HIV/AIDS testing, drug/alcohol treatment, and/or mental health treatment. Such authorization shall be effective from _____ until such date as it is expressly revoked by me, in writing.

Initials _____ Date _____

Insurance Certification and Assignment

I certify that the information given by me in applying for payment under any title of the Social Security Act or by any other third party payors is correct. I assign to **Faulkner Hospital, Inc.** all hospital benefits due me under the terms of said policies and programs and payment for the unpaid charges of the physician(s) for whom the hospital is authorized to bill in connection with its services.

I AGREE THAT I AM RESPONSIBLE FOR PAYMENT IN FULL OF ALL CHARGES DUE TO FAULKNER HOSPITAL, INC. FOR ALL SERVICES RENDERED WHICH ARE NOT PAID BY THIRD PARTY PAYORS.

Initials _____ Date _____

Authorization to Permit Payment of Medicare Benefits to Provider and Physicians

1. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare Claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician or other medical services to the physician or organization and authorize them to submit a claim to Medicare for payment. I understand that I am responsible for any health insurance deductibles and co-insurance.

2. For outpatient services, I request that this authorization apply to the period _____ to _____

Initials _____ Date _____

Consent to Hospital Care and Medical Treatment

I, the undersigned, do hereby give my voluntary consent for hospital care encompassing necessary procedures and medical treatment by my attending physician, his/her assistants and his/her designees as is necessary in his/her judgement.
I have read the foregoing and I understand it.

Signature Verification Initials

Signature _____ Relationship _____
patient, nearest relative, parent or legal guardian

Date _____

Witness _____ Admitting Officer's Signature _____

Date _____

Patient is unable to sign because _____

FAULKNER HOSPITAL

DAY SURGERY

PREOPERATIVE CHECKLIST AND ASSESSMENT

Rollins, James

Date of Surgery 5/8/08	Surgeon Bley	Type of Admission Day Surgery (DS)
Home Telephone 617-999-0579	Work Telephone	

Procedure Right Knee Arthroscopy

Birth date 8/12/1956 Age 51 OR Time Arrival Time

PREOP TESTING Testing Source ☐ Clinic ☑ PCP ☐ DMA ☐ HV ☐ MR ☐ Other ________

HEALTH MANAGEMENT PATTERN PRIMARY PROVIDER OF HEALTH CARE Date of preop physical visit ________

HCT 44.2 EKG 5/1 NSR Danielle 1°AVB
BS C/W EKG 11/30/07 [illegible]
BUN CXR
CREAT 1.28 [illegible]

H & P ☐ DOS ☑ DONE ☐ Update Needed (within 7-30 days)
Date of H & P 5/1/08
Old Medical Record ☑ Yes ☐ No If Yes, Reviewed ☒

Additional testing needs: Cardiac clearance [illegible] per PCP
K 3.8

	Requested	Received
Cardiology consult	☑	☐
EKG clearance by PCP	☐	☐
Pulmonary consult	☐	☐

Testing present at time of CPE appointment ☒ Yes ☐ No

MD office notified of H & P/Testing deficit ☐ Date(s) need cardiac clearance RN
Dr. Bley office notified

PRE-SCREENING APPOINTMENT CALL (if applicable) PAT Appointment Date 5/5/08 Time: 11:00 ☑ AM ☐ PM

TIME OF ARRIVAL: ____________ ☐ AM ☐ PM ☐ MAY EAT AND TAKE ALL SCHEDULED MEDICATIONS

BRING A LIST OF ALL MEDICATIONS (INCLUDING OTC, HERBAL) THAT YOU TAKE. ☐

COMMENTS: 5/1/08 Left voice mail @ 4:30 [illegible]

Interpretive Service Needed Y ☐ N ☐ If yes - interpreter contacted ☐ Date: RN

PREOP CALL AND INTERVIEW Date / / Time ☐ AM ☐ PM

☑ Nothing to eat or drink after midnight
☑ Take medications DOS Lisinopril metoprolol
☑ Leave valuable items at home.
☐ No colored nail polish, makeup, jewelry, contact lenses or hair pins
☐ Responsible adult to take patient home at anytime
☐ Bring eyeglass case

[illegible]

CURRENT MEDICATIONS: PRESCRIPTIONS OR "OVER THE COUNTER" DRUGS OR HERBAL SUPPLEMENTS

NAME OF DRUG	DOSE/FREQUENCY	TIME OF LAST DOSE	NAME OF DRUG	DOSE/FREQUENCY	TIME OF LAST DOSE
Lisinopril	10 mg day				
metoprolol	25 mg day				
Simvastatin	80 mg day				
Asa	81 mg day				
MVI	1 daily				

67550 7/07

Workflow

DAY SURGERY PRE-ADMISSION ASSESSMENT

SYSTEM	MEDICAL HISTORY	SURGICAL HISTORY
Cardiovascular ☐ Denies problems	☒ +MI ☐ Murmur ☒ CAD ☐ HTN ☐ Angina ☐ CHF ☐ PVD ☒ ↑Cholesterol ☐ MVP ☐ Palpitations ☐ AFIB ☐ Other ☐ Pacemaker ☐ AICD	Pav Block [illegible] [illegible] Viral Myocarditis 4/07
Pulmonary ☐ Denies problems	☐ COPD ☐ Bronchitis ☐ Asthma ☐ Pneumonia ☐ Other: ☐ TB ☐ Sleep Apnea * ☐ CPAP Machine ☐ Smoking cessation pamphlet given	(+) PPD Treated 2003 Smoker: ☐ No ☐ Yes ____ / ____ pack years
Genito-Urinary ☐ Denies problems	☐ UTI ☐ Stone ☒ Kidney Failure ☐ Other: Chronic - mild ☐ BPH ☐ Stress Incontinence ☐ Bladder Tumors	ED
Hepatic ☐ Denies problems	☐ Hepatitis ☐ Cirrhosis ☐ GB Disease ☐ Other: ☐ Jaundice	
Neurological ☐ Denies problems	☐ CVA ☐ Headaches ☐ Impaired vision/hearing ☐ Seizures ☐ Other:	
Gastro-Intestinal ☐ Denies problems	☐ Ulcers ☐ Bowel Problems ☐ Hiatal Hernia ☒ Acid Reflux ☐ Other:	Rectal bleeding [illegible] appy Colonoscopy [illegible]
Hematological / Dermatological ☐ Denies problems	☐ Anemia ☐ Bleeding Disorders ☐ Other: Skin Color/Integrity: ____	
Endocrine / Metabolic ☐ Denies problems	☐ Diabetes Type I ☐ Thyroid ☒ Diabetes Type II [illegible]	
Musculoskeletal ☐ Denies problems	☐ Arthritis ☐ Fracture ☐ Back/Neck Injury ☐ Gait Disturbances ☐ Other:	[illegible]
OB/GYN ☐ Denies problems	☐ Menopause ☐ LMP ____ ☐ Other: ____	
Psycho / Social ☐ Denies problems	☐ Anxiety ☐ Depression ☐ Other: ____	**Primary Language** English Level of Consciousness ☒ Alert ☒ Oriented ☐ Disoriented Present Behavior: ☐ Talkative ☐ Lethargic ☒ Cooperative ☐ Anxious ☐ Combative Living Situation: [illegible] Family/Significant Others: [illegible] Drugs ☒ No ☐ Yes ____ Alcohol ☒ No ☐ Yes ____ If yes, how much ____ If yes, how much ____ how often ____ how often ____

Resources for Social Support ☐ V.N.A. ☐ Day Care ☐ Home Health Aide ☐ Home Maker ☐ Hospice ☐ Meals on Wheels ☒ None needed

NURSING OBSERVATIONS Pt seen in PAT, [illegible] teaching reviewed [illegible] Pt distracted - in hurry to leave - advised to get Cardiac clearance @ H.V - Dr Bley's office notified.

[redacted]tch training completed: ☒ Yes ☐ Not Applicable   Health Care Proxy Form: ☒ Given ☐ Declined

[redacted]EOP/PROCEDURE INSTRUCTIONS:
[redacted]Pre-Procedure instructions provided and feedback indicated patient understanding.
[redacted]Patient unable to give feedback secondary to condition.
[redacted]Pre-procedure instructions provided to responsible adult and feedback indicated understanding.

BARRIERS TO LEARNING: [illegible]

PERTINENT CULTURAL PRACTICES: [illegible]

Signature: [illegible] RN Date: [illegible]